

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

(No. General Hospital)

File No. 36651

Registered No. 4080

St. Ward

2. FULL NAME

Peter Wetterstein

County Home

(a) Residence, No. County Home  
(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

No Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .....hrs.  
or .....min.

76

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

None

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

No Record

13. NAME

No Record

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

No Record

15. MAIDEN NAME

No Record

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

No Record

17. INFORMANT  
(ADDRESS)

Joseph Stubbs  
Raytown, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys

DATE 10/12/37

19. UNDERTAKER  
(ADDRESS)

Quirk & Tobin Co.  
K. C., Mo

20. FILED

Oct 11, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/8/37

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fracture of right femur  
Gunshot wound  
186a

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide..... Date of injury.....

Where did injury occur..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

, M. D.

